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ORIGINAL ARTICLES.

Mitral Insufficiency.

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Written for the Kansas Medical Society.

When, from any cause, there is, during the systolic action of the heart, a return of blood from the left ventricle to the left auricle there is present the condition known as mitral insufficiency. This is the most frequent, and the least fatal of the organic diseases of the valves of the heart.

It is found most frequently between the ages of 10 and 30 years, both sexes being equally susceptible.

Of the various diseases that renders the mitral valves incompetent that of rheumatic endocarditis, both exudative and interstitial, are the most common. This leads to changes in the valves whereby they become contracted and shortened, changes in the chorde tendineæ, or narrowing of the auriculo-ventricular orifice. It may be secondary to changes in the aortic orifice; widening of the auriculo-ventricular orifice due to dilatation of the left ventrticle. Weakened condition of the heart muscles, either from fatty degeneration, weakness following continued fevers, or poor nutrition from any cause, deposits at the base of the valves or around the mitral orifice. Among other causes a few cases have been traced to syphilis; disease of the columneæ carneæ and chorde tendineæ, preventing the valves passing back to their normal plain; ulcerative endocariditis, resulting in rupture or perforation of the valves or rupture of the chorde tendineæ. An impoverished condition of the blood or anything that lowers the general health may cause atrophy of the valves.

When the pathological conditions that result in regurgitation have been established, important changes occur in the heart and other organs. The left auricle receives a double current of blood, the natural current from the pulmonary veins, and a back current from the left ventricle. The extra strain thus thrown upon the auricle causes a dilatation, and consequent hypertrophy to compensate for the extra work required. The strengthened auricle discharges an unusual amount of blood with increased force into the left ventricle, its walls first dilating, and afterwards becoming thicker and stronger. The changes in the left side are followed by similar ones on the right. There the ventricle becomes dilated and hypertrophied first, the two processes being in operation at the same time. This is caused by the slowing of the circulation through the lungs, bringing extra work on the right ventricle. Finally, the right auricle takes on the changes of dilatation and hypertrophy, the consequence of back pressure from the ventricle.

While this compensated condition continues, the circulation is accomplished with nearly normal perfection, and with proper care on the part of the patient life may be comfortable for a number of years, and death result from some other cause. Usually, through poor nutrition on the cardiac muscle, there is rupture of the compensation, and serious systematic pathological conditions arise.

Of the organs that are disturbed by the embarrassed action of the heart, the liver is the first to suffer. This is owing to its anatomical relation, the back pressure from

the right auricle resulting in fulness of the hepatic veins. The liver being extremely vascular, and its veins having no valves, the gland readily becomes enlarged and very tense. The congestion impairs the secretory function resulting in jaundice,

Obstruction in the portal system leads to hyperemia of the other abdominal viscera. The stomach and intestines become hyperemic, and the hæmorrhoidal veins engorged, tumors occurring both internal and external. The obstruction to the return from the superior vena cava, giving rise to cerebral congestion; in the inferior vena cava to renal congestion, and in systematic veins to œdema of the cellular tissue, hydropericardium and œdema of the lungs.

One of the first symptoms to attract the attention of the patient is dyspnœa, accompanied by cough, both of which are due to the unbalanced condition of the circulation; the right side of the heart being unable to maintain normal circulation against the backward pressure from the left ventricle. The cough at first is a mere hack, but accompanied by free expectoration. The sputa is a watery serum, serum with blood, and may amount to free hæmoptysis. Patients suffer with a weight and fullness in the right hypochondrium. There is nausea and vomiting, eructations, and oppression in the epigastrium. These symptoms appear early in some cases and late in others.

The mucous membrane of the stomach and intestines becomes hyperemic, followed by gastralgia, gastric and intestinal catarrh, and impair digestion throughout. The continued disturbed circulation retards the action of the kidneys. The urine becomes diminished in amount, highly colored, and may contain albumen and lithates. In obstructed circulation in the superior vena cava there are cranial symptoms, headache, dizziness, stupor and disturbance of hearing and vision.

Late symptoms that occur from poor nutrition and high tension in the venous circulation is exormosis of the watery constituents of the blood into the various tissues and cavities. First, œdema of the feet and ankles, finally of the cellular tissues throughout the body; effusion into the cavity of the peritoneum, pleura, pericardium and ventricles of the brain. Pulmonary hæmorrhage may suddenly prove fatal. Infarctions may light upon a fatal pneumonia.

On inspection the pulse of the apex is seen to raise the thoracic wall, and is diffused in proportion to the extent of the hypertrophy, and may extend to the epigastrium. The jugular veins are always enlarged. The apex beat is felt lower down and to the left of its normal position. The area of cardiac dulness is increased in all its measurements.

In mitral insufficiency there is a murmur with the heart's systole that partially or completely obscures the first sound. It is heard with the greatest intensity at the apex, and is gradually lost as the ear is moved from that point. It is also heard at the inferior angle of the left scapula, being at a point about the sixth or seventh vertebra. The murmur of mitral reflex is always greatest at its commencement. The tension in the pulmonary artery being above normal, and that in the aorta below, the valves in the former are closed more quickly than those of the latter, giving rise to a double second sound.

The other valvular lesions for which mitral incompetency may be mistaken are aortic obstruction and tricuspid regurgitation. In making a differential diagnosis in valvular lesions it is of the greatest importance to note the time of its murmur, having reference to the heart sounds, the point at which it has the greatest intensity, and the course of its reflection. The three murmurs mentioned are systolic in time. The mitral regurgitation is heard with the greatest intensity at the apex, and is transmitted upwards and to the left. The tricuspid reflex is most distinct to the right of the zyphoid appendix at its base, and is transmitted upwards and to the right. The murmur of aortic stenosis is more harsh than the other sounds; is most intense at the beginning of the syslote, and follows the course of the great arteries. The point at which this sound is heard most distinctly is at the right second sterno-costal articu-

lation. In mitral reflex the pulmonary symptoms are present, but absent in the tricuspid. The pulmonary second sound is intensified in mitral reflex, absent or very feeble in tricuspid.

In making a diagnosis of any case too much importance must not be placed on any one symptom, but a systematic study of all the abnormal conditions present carefully considered.

The prognosis in all cases of valvular lesions should be guarded. So long as there is efficient compensation the patient suffers but little inconvenience. With children the condition is more unfavorable than in the adult. The valvular lesions are liable to make more rapid progress, and the heart has less reserve force. Again, children are more liable to do themselves damage by over exercise. The usually more quiet life of women render the disease less grave than with men. The claim is also made that the coronary artery is less frequently involved. In the adult, where insufficiency and stenosis exist together, are found the cases that prove the most rapidly fatal, owing to pulmonary complications.

The treatment of this disease is a difficult task, as it is all but impossible to have the patient comprehend the gravity of his condition until its later stages. It is best that the patient be informed at the outset that his disease is an incurable one, and that his future depends largely on the care he takes of himself. Everything of an exciting nature must be strictly avoided. The mind is to be kept at rest as much as possible. Physical exercise must be of a light nature, and never to cause fatigue. Straining of all kinds is absolutely forbidden, and speaking or singing that would tire the patient should not be indulged in. Tobacco and stimulants strictly avoided. The nourishment is of first importance, but must be of food easily digested, and taken in such quantities as will produce no reflex symptoms.

During the stage of compensation there should be no treatment directed to the heart. All medicines that increase the force of the systole is of absolute detriment during this period. The general health must be supported in every particular. Digestion kept as perfect as possible. The skin, kidneys and bowels receive the most judicious attention. These measures, if steadily followed, will greatly prolong life, add to the patient's comfort, and delay rupture of the compensation.

Symptoms indicative of the secondary dilatation are usually slow in their progress, but may be slow and death immediate. The first indications are shortness of breath and nocturnal dyspnœa. For the first symptom rest in bed, a saline purge and general stimulants are sufficient. When the circulation on the right side is embarrassed sufficiently to cause cyanosis venesection is recommended as of the greatest importance, and should be done without delay.

Of the remedies that increase the heart's action, rendering the systole stronger and more regular, there is nothing to compare with digitalis. The action of the heart becomes stronger, dyspnœa disappears, and the sounds become more regular. Tension in the arteries is increased, bringing the capillary circulation as near the normal as possible under the circumstances.

With this condition the nutrition of the tissues is improved, and systematic secondary conditions delayed. There is no danger of cumulative effects when the remedy is given in authentic medical doses. If there are evidences of over effect of the remedy, they readily disappear on its suspension. Other remedies that may be used at certain times are caffine, strophanthus and spartine. But as agents for emergencies they should not replace digitalis, unless from some cause the latter cannot be tolerated.

Special conditions arise that require attention, and one of great importance is the different dropsies. These are to be combatted with digitalis, hydrogogue cathartics, diuretics, scarification and pericentesis. Among hydrogogue cathartics, calomel has been more servicable than any other in my practice. Compound jalap powder with elaterian proves serviceable with many patients, with others entirely worthless. Scarification and pericentesis should not be

delayed too long; they are of more service than any of the other agents, and free from danger when used with proper antiseptic precautions.

Dyspnœa requires attention to the position, the semi-recumbent being best. If there is hydropleura tapping should be done at once. When there is dyspnœa without dropsy, nitro-glycerine is servicable, and will not disturb the stomach. For the distressing nocturnal symptoms morphia, hypodermically, should be used. It is the only remedy fully reliable, and will give support to the heart, and relief to pain simultaneously.

Palpatation may be measureably relieved by ice placed over the precordial region. Small doses of tincture of aconite, iodide of potassium and nitro-glycerine. If there is flatulent distension of the bowels it must be relieved on general principles.

One of the most distressing conditions, and one as difficult of correction as any of the complications is indigestion. How to sustain the nutrition of the body is one of the perplexing questions, and depending as it does upon a healthful condition of the stomach, it is of the greatest importance that this organ be able to well perform its functions. Food the most easily digested is to be preferred. Of the remedies that allay stomach irritation oxilate of cerium, dilute hydrocyanic acid, creosote, and tincture of iodyne and carbolic acid, the last two given in equal parts have the preference.

The cough is due more to the fault of the heart and the lungs, and the agents used to maintain its action are those of most benefit in this complication. For the wakefulness spirits of chloroform, Hoffman's anodyne, spirits of camphor, either of these alone or combined, can be used with good effect. Their value is enhanced by combination with whisky. Digitalis, strophanthus, purgatives, and cupping or blistering the lumbar region are the agents to be relied upon for the relief of congestion of the kidneys.

Association of American Medical Colleges.

Medical Review.

The Association of American Medical Colleges held a brief meeting in the banqueting rooms of the Hotel Walton, Philadelphia, May 31.

Dr. J. M. Bodine, of Louisville, Ky., president of the association, called the meeting to order at 10 o'clock. Only a few of the members were in attendance.

In view of this fact the secretary, Dr. Bayard Holmes, of Chicago, suggested that the meeting be devoted to the registration of colleges, and the receiving of credentials. He had secured rooms, he said, in the College of Physicians, and asked that after registration had been concluded a motion of adjournment be made.

Dr. John A. Larrabee, of Louisville, made this motion, suggesting that the meeting be held at 4:30 oclock the next afternoon.

Previous to adjournment Secretary Holmes asked permission to make a few informal remarks. His request being granted, he said that during the past year two societies had withdrawn from the association. From an unofficial source he said he had learned that one of these colleges gave as its reason for dropping out that some colleges, in order to attract students, advertised their membership in the association, and did not live up to its requirements. The college considered it a disgrace to belong to an organization the standard of which was not maintained by all the members.

Dr. Larrabee then arose and said that he had a word to say about another subject. He announced that he had read an article in a New York paper promising what was and ought to be done at this meeting of the association. The article was signed by Dr. Holmes, as secretary of the association. If it was an individual opinion he had no objection to it, but, he said, bearing Dr. Holmes' official signature, it contained wide significance.

A committee was then appointed to examine the revised constitution as presented by last year's committee on revision. The committee consists of Prof. J. W. Holland, Dean of the Jefferson College, Philadelphia; Prof. C. W. Kelly, Dean of the Louisville Medical College, and Dr. J. H. Heffron, of Syracuse, N. Y.

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Topeka, Kansas, Saturday, June 12, 1897.

IT would surprise a good many people if they knew how many physicians without diplomas were practicing medicine in the State of Kansas. The State Board has made many efforts to force them out and has tried to impress upon them the fact that they are liable to prosecution. Convictions are, however, seldom made, and they are less easily frightened than they were. Too much agitation against them will no doubt injure the prospects for a better law. It is pretty generally believed that the present law cannot be enforced, and it is well known that it can be easily evaded.

A New Medical Society.

Some days ago Dr. J. P. Kaster, surgeon in chief of the Santa Fe Railway Company, sent out a letter to the surgeons of the road asking them if convenient to meet at the Topeka Hospital on Wednesday, June 9, to organize a medical association composed of the surgeons of the road.

In compliance with this invitation a meeting was held at the time and place suggested. The organization was completed, and the following officers elected for the first year:

President, Dr. J. P. Kaster.

Secretary, Dr. Robert Green.

First Vice-President, Dr. Smolt, Nickerson.

Second Vice-President, Dr. Tipton, Las Vegas, N. M.

Third Vice-President, Dr. Line, Norman, Ok. T.

Fourth Vice-President, Dr. Hooper, Galesburg, Ill.

A constitution and by-laws were adopted. Some of the main features are as follows:

The name adopted by the association is "The Santa Fe Railway Medical and Surgical Society."

The objects of the society are:

1. For the advancement of medical and surgical knowledge.

2. To systematize the work of the surgeons of the road.

3. To get acquainted and to facilitate social intercourse.

One annual meeting will be held the second Friday after the first Monday in June of each year. This date was selected so as to interfere as little as possible with the national associations and with the pension board meetings on Wednesdays. A half yearly meeting will be held each year, the time and place to be selected at each annual meeting. The first semi-annual meeting will be held at Las Vegas in October of this year.

The roster shows an attendance of between 50 and 60 surgeons.

The meeting was held in the west ward of the Hospital building. The employees had decorated the room with living flowers and foliage plants. Just behind the president's chair on the wall was the word "Welcome" written in electric flame, and interwoven with red, white and blue con-

nections and interlacings, the American flag as a background, with streamers across the ceiling diagonally, the curtains being down, thus darkening the room. It made the effect charming and brought forth rounds of applause from the society.

Dr. Kaster disclaimed any knowledge of the lovely purpose, but credit is due him in his selection of hospital employees.

An afternoon session was held at which cases were reported and discussed. The picture man was there and photographed the staff on the front steps of the Hospital.

Taken all in all it was a remarkably social gathering, and as Dr. Maxwell, of Keokuk, Iowa, expressed it, "fruitful of much good," and "as iron sharpeneth iron, so doth the countenance of a man's friend."

This is somewhat of an innovation to have a medical society composed of the surgeons of one road out West, yet Dr. Kaster organized and maintained such a society while surgeon in chief of the A. & P. in New Mexico.

The surgeons of the road were all loud in praise of the Hospital building and its location which Dr. Geo. W. Hogeboom, ex-chief surgeon of the road, gave many hard years of labor to perfect.

DR. M. B. WARD has established himself permanently at Kansas City with offices in the Rialto Building.

DR. R. S. MAGEE, secretary of the faculty of the Kansas Medical College, will soon leave for California for a few week's vacation.

Insanity and Evidence.

Journal of the American Medical Association.

Only a little more than a year ago the *Journal* called attention to a very important decision rendered by the Supreme Court of the United States in the case of Davis v. United States, on the "Burden of Proof as to Sanity. (Vol. xxvi, page 343.) After a second trial and sentence to hanging, appeal was again taken to the same court, which handed down its second decision February 15, 1897, affirming the judgment of the circuit court, and reiterating its opinion that while it is true that every man is presumed to be sane, yet whenever, by the testimony, the question of insanity is raised, then the fact of sanity, as any other essential fact in the case, must be established to the satisfaction of the jury beyond a reasonable doubt. Here the Supreme Court also approves, as under the circumstances, in no degree prejudicial to the rights of the accused, the charge given the jury that "the term 'insanity,' as used in this defense, means such a perverted and deranged condition of the mental and moral faculties as to render a person incapable of distinguishing between right and wrong, or unconscious at the time of the nature of the act he is committing, or where, though unconscious of it, and able to distinguish between right and wrong, and know that the act is wrong, yet his will—by which I mean the governing power of his mind—has been otherwise than voluntarily so completely destroyed that his actions are not subject to it, but are beyond his control."

After a witness has once qualified himself as an expert, and given his own professional opinion in reference to that which he has seen or heard, or upon hypothetical questions, the court further holds that then it is ordinarily opening the door to too wide an inquiry to interrogate him as to what other scientific men have said upon such matters, or in respect to the general teachings of science thereon, or to permit books of science to be offered in evidence. At any rate, it insists, the trial court must have some discretion as to the limit to be placed in any given case upon the extent to which the expert testimony may be carried; and when, upon direct examination, the opinion of the witness is fully disclosed, it cannot be said that the court erred in declining to permit on the same direct examination an inquiry into what is in some aspects both collateral and hearsay. Again, the Supreme

Court holds that it was clearly within the proper limits of cross-examination to ask a medical expert: "You think, from your conversation with him, that he killed the man because he threatened his life?" and to receive the answer: "Well, in part; and because he thought his own life was in danger, and because he thought he had the right to destroy this menace to his own life."

Fatal Polyneuritis Following Mercurial Treatment of Syphilis.

Journal of the American Medical Association.

Brauer (*Berl. klin. Woch.*) has reported the case of a man, 24 years old, with a good family and personal history, who was treated for five weeks with mercurial inunctions for syphilitic infections, beginning with forty-five grains daily, later increasing to sixty grains. At the end of a month, in the absence of stomatitis or salivation, the patient noticed numbness in the hands, which became partially flexed. There was also twitching of the small muscles of the hands, and of those upon the flexor aspect of the forearms. The arms appeared weak, while the legs seemed normal. In a short while disturbance of vision manifested itself, with confusion and double sight. The gait became uncertain and staggering. In the course of the succeeding day numbness appeared in the legs, with twitching of the calf-muscles, and inability to stand and to walk. When in bed the man was able to move the legs quite freely. On the third day articulatory disturbance of speech was noticed. The movements of the lips and tongue were interfered with, and deglutition was difficult, only liquids being swallowed. Twitching of the face was present, especially about the eyes and mouth. In the course of eight days this ceased, although that in the hands and legs continued. The weakness also persisted. The ocular disturbance disappeared. At no time was there fever or pain. Later, weakness of the bladder manifested itself, and there was an abscence of erections. Pain in the sacral region appeared, but no girdle sensation, no palpaitation of the heart, no dyspnea.

After this improvement the patient gradually grew worse again, and symptoms of secondary syphilis made their appearance. Mercurial treatment was resumed, intramuscular injections of gr. ⅓ of a mercury salicylate being given twice weekly. Following this the syphilitic symptoms disappeared, but the others were aggravated. The urine presented no abnormality. The pupils were active in their reactions, and there was no nystagmus and no ocular paralysis. The face was puffy and expressionless, but not edematous. The left naso-labrial furrows was not as marked as the right, and the left angle of the jaw drooped a little. There was no appreciable atrophy of the facial muscles, and no fibrillary twitching. Sensibility was not obviously deranged. The tongue was not atrophic. The palatal reflex was preserved, and speech now presented no defect. The larynx appeared to be normal. There was no disturbance of the special senses. The arms and legs presented symmetric marked paresis, most pronounced at the periphery. There was no rigidity. The atrophy was proportionate to the degree of weakness. There was no atrophic disturbance. The movements were ataxic, but there was no tremor. In the affected portions sensibility was impaired in all its forms. The tendinous and the periosteal reflexes were wanting, and the cutaneous reflexes diminished. The paretic muscles exhibited fibrillary contractions. Some of the larger nerve trunks were tender on pressure, but the paretic muscles were rather more so, and they presented also partial reaction of degeneration. Finally dyspnea set in, and became aggravated in attacks of asphyxia from paralysis of the diaphragm.

Death took place four months after the appearance of the first symptoms, in consequence of bilateral pneumonia of the bases, which was confirmed at the post-mortem examination. The brain, the cord, a number of spinal ganglia, a number of peripheral nerves, and a number of muscles were carefully examined. The most marked changes were found in the nerves, which

presented degeneration of their medullary sheaths with thickening of the perineurium. No changes were found in the blood vessels. Only slight changes were found in a number of the ganglion cells of the anterior horns of the cord. The muscles were but little changed.

From a careful consideration of all the elements of the case the conclusion is reached that the symptoms were not dependent upon demonstrable anatomic syphilitic lesions, though perhaps upon the toxic products of the syphilitic infection. It is not believed that the mercury had alone any influence in the development of the changes in the nerves, although it is not denied that the action of the mercury, by depressing the general bodily vigor, may have favored the activity of the syphilitic poison.

An Addition to the Treatment of Nervous Pruritus.

Col. and Clin. Record.

Pruritus is so frequent a disorder, and is attended with so much suffering, both physical and psychical, that although but a symptom, it often assumes the importance of a disease It is therefore of interest to note that Dr. Wanemaeker, of Ghent, who has recently written an instructive article on the pathology and treatment of pruritus, has suggested a new remedy for obstinate cases of this affection. Starting out with the idea that carbolic acid taken internally seems to act directly upon the phenomena of pruritus, he has, in addition to the appropriate local and dietetic treatment, for some time made use of salophen, which is a combination of salicylic acid and acetylparimidophenol. Aside from a few failures this drug has yielded some results which, in the author's opinion, are very encouraging, and some which are very suggestive. Whether the favorable influence of salophen is attributable to the anti-arthritic action of its salicylic component, or to a sedative effect upon the nerve terminals, or to that of an antitoxine, remains questionable. The cases cited as illustrations of its efficacy as an anti-pruritic, comprise prurigo, psoriasis in a gouty subject, pruritus in diabetes, eczema in a gouty person, and chronic urticaria occurring in attacks. The dose was usually large, ranging from 4 to 5 grammes daily. In summing up his results the author concludes that in certain conditions, which cannot as yet be defined with precision, salophen offers a resource which should not be neglected by the physician who is anxious to relieve these unfortunates.

Tuberculosis of the Salivary Glands.

Archieves Cliniques de Bordeaux.

M. O'Zoux states that tuberculosis of the salivary glands is one of the rarest affections. Valude states that it is almost unknown, but easily produced experimentally by inoculation with tuberculosis cultures. He made ninety inoculations in the salivary glands of rabbits with pure cultures of different degrees of activity, sixty-eight of which gave positive, and twenty-two negative, results.

M. Valude attributed to the mixed saliva, which was formed of the three principal salivas, such chemical properties that Koch's bacillus could not thrive or even live in it. He acknowledged, however, that the value of this theory was entirely hypothetical, and he preferred to consider the antagonism of the micro-organisms of the mouth as a cause of the death of Koch's bacilli; so that all local inoculation became very difficult, and the buccal mucous membrane and the salivary glands were spared.

Conheim, on the contrary, hesitated to express himself so positively, and questioned whether all the so-called scrofulas of the lips, the mouth, and the throat, and the casefication of the ganglia of the neck, were not due to an immediate application of the tuberculosis virus in the food. At all events, it has been shown that a number of cases of intestinal, mesenteric, and peritoneal tuberculosis, especially in children, have been due to tainted food, and particularly to tuberculous milk.

The author says in regard to the action of the mixed salivas, that it may be asked why this saliva—which, after all, does not differ greatly from the three separate salivas—exercises such an energetic influence on Koch's elements, when each one of its parts has no action at all on the elements, as has certainly been proved by Valude's experiments.

The author gives an account of two cases of what seemed to him to be very distinct tuberculosis of the submaxillary glands. From a clinical point of view, he thinks they are absolutely indisputable, and he thinks that the results show that tuberculosis of the salivary glands, which may be produced experimentally, exists also clinically.

The Glandular Fever of Childhood.

Lancet.

Dawson Williams reports two cases of the above named affection. E. Pfeiffer, in 1889, described a condition observed in childhood characterized by acute enlargement of the glands, which he contended was an acute specific fever, hitherto unrecognized, and to which he gave the name "glandular fever" (Drusenfieber). The general symptoms described by Pfeiffer, and confirmed by later observers, are as follows: The patient, a child under 14 years, becomes suddenly ill; the temperature rises to 101° to 103° F.; there are anorexia, nausea, sometimes vomiting, coated tongue, constipation, and occasionally ill-defined abdominal pains. The most prominent and characteristic symptoms, however, are stiffness of the neck, tenderness in the anterior triangle, and pain on movement of the head, and on deglutition. The pharyngeal mucous membrane may be slightly reddened, but at no time during the course of the illness is there a definite tonsillitis or pharyngitis. On the second or third day a swelling is noticed in the neck, due to three or four enlarged lymphatic glands, which can be felt beneath the sterno-cleido-mastoid muscle and the anterior border. The temperature usually becomes higher at this time, and generally reaches 104° F. The tender glands remain swollen for from two to five days, and then begin to diminish. The glands on the left side are nearly always first involved, and before they begin to subside those on the right side commence to enlarge, and later reach a size equal to those first involved. Abdominal tenderness may be marked, and in the majority of the cases the mesenteric glands may be felt to be enlarged. Liver and spleen are enlarged in more than one-half the cases. The axillary and inguinal glands are swollen in some instances. The disease is usually mild, and seldom, if ever, is the direct cause of death. The glandular enlargement usually disappears within ten to fourteen days. Quite marked anemia and weakness may persist for some time after the acute symptoms have disappeared.

The two cases reported by Williams were children in the same family, and presented the characteristics above described, the glandular enlargement commencing on the left side, and later appearing on the right, without any associated throat symptoms. A third child in this family had just previously suffered a similar attack, suggesting an infectious character. Pfeiffer observed that the disease occurred in very limited epidemics, generally affecting a single family, but attacking most of the members who had not passed childhood. Those who have described the disease since Pfeiffer have laid great stress on the absence of local throat symptoms to account for the glandular enlargement. Dr. Park West reported ninety-six cases that occurred in eastern Ohio from 1893 to 1896. They presented the general features already related. Only one case was fatal, a delicate child convalescing from scarlet fever. Hœrschelmann thinks the incubation period is usually from eight to ten days. West observed that most of his cases showed signs seven days after exposure. Suppuration is extremely rare, although Neumann and Comby have reported cases in which it occurred. Hesse and Starck observed severe nephritis as a complication in several members of the same family.

As to the pathology of the disease little is known, and opinions vary considerably. Comby is of the opinion that it is due to an attenuated streptococcus infection, the surface of the tonsils constituting the point of entry. He thus favors the view that the disease is an acute specific infection, with which Ashby and Wright agree. The constant association of constipation led Starck to advance the theory that the infection might be of intestinal origin, due to absorption of toxins from the retained feces. Koplik suggests that the earlier involvement of the glands on the left side might be due to the passage of the infective agent from the thoracic duct to the glands on the same side. Williams thinks that the infective agent, whatever it may be, most probably enters by the pharynx or tonsils, without producing a local lesion at the point of entrance.

Woman's Place in Medicine.

Remarks of Dr. Maud J. Frye at the banquet of the Alumni Association of Buffalo University Medical College, April 27, 1897, to the sentiment "Me judice." Buffalo Medical Journal.

I wish to present to you to-night some thoughts concerning woman's place in medicine; the limit of her work, the line which she will oftenest follow.

Whether we like to confess it or not, woman's physical organization necessarily sets a limit to her achievements. The women of Colorado who propose to serve in the National Guard of that progressive State, will probably remain to the end as they have been from the beginning, a home guard. In reckoning the chances of woman's success when she comes into competition with man, the physical factor has always to be taken into account. That medical work which makes the least demand on woman's physique is, other things being equal, that in which she will best succeed.

It is, however, concerning a feature of women's mental equipment for work in medicine that I wish especially to speak. I do not expect many of you to agree with me, yet I ask you to think on these things. We must acknowledge between the average man and the average woman an unlikeness of mental capacity comparable to their physical unlikeness, a sex in mind, if I may use the term. This is not equivalent to saying that man is superior to woman. There is equality with diversity. The elm is not better than the oak, nor the oak than the elm, but each is good of its kind. There are mental processes which are identical in the sexes, there are others which may oftentimes give advantage to the woman in the work of the physician. Does the women's way of seeing and doing ever handicap her? Let us try and answer the question.

There is one quality which more than any other makes for success in certain lines of medical work. It is the type of courage more or less common to all men, rarely found in women—the courage which dares. It is the courage of the soldier and the explorer. It is the courage which makes possible the great surgeon.

On the other hand, through all time woman's genius has given this character to her work, that it has not turned to great deeds, but has contented itself with the humbler, often holier, tasks of the home, the schoolroom and the sick chamber. Her courage makes possible trained nursing, and in the Christian world is the right arm of the church. It is the courage whose other name is patient endurance.

In the early days when the woman who began the study of medicine was of the heroic type, her success was assured from the beginning, for the courage which dared to commence the struggle was equal to any hardship or any emergency which arose later. She has opened the way for the woman of average ability, the woman who but for her pioneer work would be teacher or nurse. The average woman has not, as a rule, the daring of an Elizabeth Blackwell. The test of fitness for medical work which college and early professional life gave the the one is denied the other, and the open door to medicine is not altogether gain.

The lack of daring does not make a physician less trustworthy, nay rather she may be more worthy of trust, but the lack does

not work to her material advantage. There are departments of medicine, notably bacteriology, for which not only woman's type of courage, but her whole manner of training, from her youth up, should eminently fit her, and in such work as this I believe she will excel. But the woman who gains wealth and fame in the practice of general medicine or surgery will be the woman who possesses, without necessarily losing any of her outward womanliness, the masculine type of courage. She is the woman who would rather be wrong than not try. The average woman would rather not try than risk being wrong.

There is a special message which I wish to give to the young women receiving their diplomas to-night. It is concerning your work among women. Whether you intend to be a gynecologist or not, every woman who enters your office expects you to be. Setting aside your right to do whatever you can and desire to do, the fact that women wish women physicians is the only reason for your being such. You will come to feel later the great power good—not altogether in a professional way, but as a friend and counselor—which is yours, for the good women who is a good physician has before her, in teaching to her sex right ways of living, and true views of life, a work which will bring satisfaction to herself, and blessing to others.

To the end of time there is to be marrying and giving in marriage, and except for the woman of unusual talent wifehood and motherhood are of themselves a vocation. Because of this, and because other occupations demanding less of her physically and mentally, and offering quicker success, are open to woman, the number of women physicians will always be few. Yet whether we ever occupy a great place in medicine or not, a place is ours. We are better women for the knowledge of humanity which our work has given us. May we not hope that mankind will be the better, too, for our having wrought!

"All service is the same with God—
To God, whose puppets, best and worst,
We are; there is no last nor first."

Liability for Maliciously Filing Information Charging Insanity.

Journal of the American Medical Association.

The supreme court of Iowa affirms in the case of comfort v. Young, Jan. 22, 1897, a judgment of $750 for the plaintiff, who sued to recover damages for an alleged libelous publication that consisted of an information, filed by the defendant with the board of insane commissioners, charging that the plantiff was insane, and a fit subject for custody and treatment in the insane hospital of the State. The defense was made that the information was a privileged communication. Persons have the undoubted right, says the supreme court, to file such informations as the one in question, when made in good faith, and in the honest belief that the statements therein made are true. But one cannot use such instrumentalities for the express purpose of gratifying his malice or indulging his passions without making himself answerable to the law. It is for the trial judge to determine whether the publication complained of was privileged or not, and, if privileged, whether absolute or conditional; but it is for the jury to find whether the proceeding was instituted through malice.

Lime Water as a Disinfectant for Linen and Cotton Fabrics.

Fortschritte der Medicin.

Beyer has tested different methods employed for the disinfection of bed linen and underclothing. The ordinary methods by boiling are not suited to these articles, as the presence of blood, pus and feces causes an ineradicable stain if a high temperature is used. Soaking the garments in solutions of various soaps for one or two days failed in every instance to kill cholera, typhoid and pyogenic organisms, which were mixed with the feces with which the garments were smeared. In some cases the germs were killed when the solution containing the linen was kept at 50° C. for a few hours.

With lime water the results were much better. Sample garments which were soaked in this solution for twenty-four hours were found to be sterilized. An equally good result was obtained in a hospital where about one-half a cubic meter of soiled linen was soaked in lime water for forty-eight hours, or for twenty-four hours if the clothing was first rinsed with lime water, and then placed in a fresh solution. The lime water does not injure linen or cotton goods, but shrinks woolen to such an extent as to prevent its use.

Fashion and Fancies in Food.

The Lancet.

Thanks to the facilities now afforded to enterprising manufacturers for the advertising of their wares, scarce a month passes without the appearance in the market of a new soap or a new form of bread stuff. Most of the former do indeed possess some distinctive character of merit, whether as regards the enchantment by mechanical or chemical means of their detergent and cleansing power, or the elegance of their preparation, and the adaptation to the purposes of the toilet; but the popularity acquired by the latter is attributable mainly to their alleged superiority in nutritive value to the old-fashioned wheaton flour, white or brown, which is supposed to be established by analyses signed by chemists of more or less repute, showing that each preparation contains some new fractional percentage of nitrogen above the present in ordinary flours. Endeavors to produce farinaceous, malted, or milk foods suited to the digestion of infants and invalids are deserving of encouragement. But when one considers how large a part of all vegetable and farinaceous foods passes away in the fæces without having undergone digestion, and that this portion consists very largely of the denser cortical structures, containing the bulk of nitrogen and phosphates, it does seem no better than trifling to attach so much importance to the retention in or restoration to the flour of a little more of these, whether they consist of the cortex or of the germs, when the meat, eggs and milk—each or all of which enter into the daily dietary of everyone—contain the same nutritive principles, albuminoids and phosphates, in incomparably larger proportions, and in far more easily assimilable forms. One of these fancy breads, indeed, shows a remarkable composition in the presence not only of a high percentage of nitrogen, but of such an amount of fat as is found in no cereal or pulse—due, as a microscopic examination clearly shows, to the incorporation of a proportion of linseed meal, which explains, too, the peculiar greenish hue of the bread. Time was when the public judged of the quality of a loaf by the physical characters of color, taste and moisture; but the popularization of science now so general, the "little knowledge" possessed by most "educated" persons, seems to have had the effect of rendering them more susceptible to the representations of pseudo-science, and the blandishments of ingenious manufacturers.

The Pulse in Diagnosis.

Maryland Medical Journal.

With the advances made in methods of diagnosis, old ways give way to new ones; too often the old is neglected and discarded even when it has decided advantages. Just as in treatment, the fashion changes and the old order gives place to the new. Blood-letting, which was at one time carried to such an extreme, is now seldom practiced, and has fallen into such disrepute that at the present day few physicians would dare to bleed a patient, and yet there are often cases in which venesection is indicated and imperative.

In the matter of diagnosis the pulse at the present day is perhaps neglected. The physicians of former days had fewer facilities for reaching a diagnosis, but they, as a rule, cultivated and practiced more thoroughly their powers of observation and perhaps made better use of what was at hand.

The pulse is a very useful aid in diagnosis

but very few of the younger physicians know what the pulse means. The artery at the wrist is felt in a perfunctory way and probably the beats are counted, but little else is noted. The *tactus eruditus* is not there or is dormant. The sphymograph, that wonderful instrument of precision is very useful in the hands of one skilled in its application, but there are very few who can use it in such a way as to bring out results.

Inventions and discoveries may accomplish more than former clumsy methods, but the inventive genius kills the powers of observation and adaptation in countless who profit by the advance. The man without means at hand for aid, as is often the case with the rural physician, is thrown on his own resources and has to think for himself.

The pulse should be more carefully studied; the medical instructors should teach the character of the pulse, its tension, its compressibility, the feel of the arterial walls and the force of the heart beat. These points brought out at the bedside would be of inestimable use to the medical student and make of him a physician able to think for himself.

Intussusception.

Mr. D'Arcy Power in British Medical Journal.

Intussusception is a condition which brooks no delay in its treatment, for something must always be done at once, except, perhaps, in those slight cases which are indistinguishable from severe colic. In all doubtful cases purgatives should be completely withheld. The routine treatment of intussusception is to chloroform the patient, and steadily to fill his large intestine with hot salt solution under a hydrostatic pressure of not more than three feet in a child, the fluid being allowed to remain in the intestine at least ten minutes. The earlier this method is adopted after the appearance of the symptoms the better are the results obtained; but it should not be adopted in enteric intussusception, in cases where the symptoms are very acute, or in those where the absence of signs or symptoms, with a subnormal temperature, leads the surgeon to suspect that the intestine is becoming gangrenous. In these cases, and when the intussusception is not reduced after irrigation has twice been tried, and when after reduction the intussusception has thrice occurred, the abdomen must be opened. The surgeon must then be prepared to deal effectually with the conditions he may find by such operative means as he can carry out with the least amount of shock, and in the shortest space of time that is compatible with the safety of the patient. This will be ensured if he uses the method with which he is the most familiar. But he should bear in mind that hardly a case can arise in which he is justified in closing the abdominal wound without at least an attempt to complete the operation by reducing or removing the intussusception. Such half measures as the formation of an artificial anus, are hardly ever justifiable, and the results obtained by them are, usually, most disasterous. In the light of our present knowledge, it appears that the use of a button or bobbin is most likely to give good results when enterectomy has to be done for an enteric intussusception, while Maunsell's operation is best adapted for the cure of iliocæcal and colo-colic forms of intussusception.

Uterine Fibroma.

Ann de. Policl. de Toulouse.

It is a familiar fact that fibrous tumors of the uterus sometimes grow in size during pregnancy, and then decrease, afterward undergoing an involution similar to that of the uterus, especially if the woman nurses her child a long while. Howitz, of Copenhagen, draws the conclusion that pregnancy and prolonged nursing should be recommended to patients suffering with fibromas of the uterus. As pregnancy under these circumstances, however, is not devoid of nature, he proposes to substitute artificial stimulation of the mammary secretion by aspirations of the nipples morning and night, for five to ten minutes. Three cases

thus treated have found the fibroma diminish in volume, in others there has not been any perceptible change, but the period of treatment has been too brief to be conclusive. Milk appeared in abundance in one case, and in four others after one or two months of the aspirations. He states that he has seen more than once a flow of milk, even in a virgin, the day after interuterine injections, which shows the close connection between the uterus and the mammary glands.

Treatment of Fractures with Massage Exclusively.

Bulletin.

Woolsey's prognostications of the future of this method of treatment are strikingly confirmed by the remarkable results obtained by Lucas-Championniere in fractures of the clavicle treated exclusively with massage, as shown by four men he exhibited recently at the Academie de medecine, who could move their arms in every direction without pain, on the eighteenth, nineteenth and thirtieth days respectively. All were serious fractures from falling from a bicycle going at full speed, etc. A light sling had been used to rest the arm for a few days. One, a mechanic, had been able almost from the very first to resume his work. The pain disappears very rapidly with the massage, and the bone is solid at a period when no one would venture to look for solidification with the usual treatment. The formation of the callous is at least as rapid, if not more so, than with an immobilized bone. The perfect suppleness of the region, the normal play of all the muscles of the arm and shoulder, and the final absence of riding, important in the rare female cases, leads him to recommend the method to all. He has now an experience of thirty-one fractures of the clavicle thus treated, and states that even before the solidification is complete, the patient can wait upon himself, and continue his daily occupation to a certain extent without difficulty.

The Cause of Locomotor Ataxia.

Modern Medicine.

The dogmatic announcement made by some neurologists a few years ago to the effect that locomotor ataxia is invariably due to syphilis, has led to a more careful study of the history of cases of this disease, especially on the part of those who did not feel prepared to accept this assertion without challenge. The writer has met many cases of the disease in which he was thoroughly satisfied that syphilis could be safely excluded. Professor Leyden has recently brought forward a series of 108 cases, in 63 of which syphilis could be certainly excluded; while in 23 the histories were doubtful, the presence of the disease being certainly shown in only 22. These figures are widely at variance with those of Degerine, who claims syphilis to be present in seventy-seven per cent. of his cases.

Constitutionality of Law Regulating Sale of Opium.

Journal of the American Medical Association.

Section 3874 of the Revised Statutes of Missouri of 1889 provides that every person who shall set up, maintain, open, or keep any house, room or place to be used for the purpose of smoking opium, hasheesh, or any other deadly drug, shall be deemed the keeper of an opium den, and, on conviction, be adjudged guilty of a misdemeanor, and fined not less than $100 and not exceeding $1,000. The law, the supreme court of Missouri holds, in State v. Lee, Jan. 19, '97. constitutional, and declares cannot be considered class legislation, because prohibiting the keeping of an opium den comes within the police power of the State, under which the legislature has the power to regulate or prohibit such occupation in the advancement of public morals, health and the safety of its citizens. It is true, continues the court, that opium is often used as medicine. So is whisky, but the right of the State, under its police powers, to prevent its sale altogether, except for medical purpose, is indisputable. Nor is the foregoing law in restraint of trade. It does not prohibit the disposition of opium as a commercial agent, but prohibits its use as a kind of intoxicant. And it does not deny to any person equal protection with other citizens, is not unreasonable or oppressive; nor does it, concludes the court, in any way infringe upon any rights guaranteed by the constitution.